POWER OF ATTORNEY TO PRO	SECUTE AP	PLICATIONS BE	FORE THE US	РТО
nereby revoke all previous powers of attorney of CFR 3.73(b).	given in the appl	cation identified in the	ne attached stater	nent under
hereby appoint:				1
Practitioners associated with the Customer Number	ar:	20350	1	
OR				
Practitioner(s) named below (if more than ten pate	nt practitioners are	to be named, then a cu	stomer number must	be used).
Name	Registration Number	egistration Namber Namber		Registration Number
		10		
attorney(s) or agent(s) to represent the undersigned be				
ached to this form in accordance with 37 CFR 3.7(tp), day 37 CFR 3.7(dp), on the undersigned's behalf to cert pictations in which rights have been assigned to the uni- osas changa the correspondence address for the appl  The address associated with Customer Number	icetion identified in			
OR Firm or				
Address Name				
City	State		Zip	
Country				
Telephone		Email		
ssignee Nama and Address:				
Genetix Limited Queensway, New Milton Hampshire BH25 5NN				
United Kingdom A copy of this form, together with a statement	under 37 CFR 3.	73(b) (Form PTO/SB/	96 or equivalent)	is required to be
A copy of this form, together with a statement illed in each application in which this form is u he practitioners appointed in this form if the a and must identify the application in which this	oneinted practit	oner is authorized to	73(b) may be com act on behalf of	ptatad by one of the assignee,
	ATURE of Apple	one of Record	behalf of the assignor	
THE BIOLANDING AUTOR SEGURIOR SING.				
Scooture V			Date X.20/11/	ory .
Signature X Simon HEDGER			Date X 20111	09